RECORD

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WRITE PLAINLY, WITH

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

2931

1 PLACE OF DEATH



STATE OF MARYLAND

County France	CERTIFICATE OF DEATH
2 1 /-1-/	Registration Dist, No. 42
Village or City Mostar Charles Charles Charles	St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	(Month) (Day (Year)
Month) (Day (Year)	that I last saw haddalive on Maddalida, 191 ff.
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 4-4 a 2,m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trada, profession, or particular kind of work	Contraction Court Date to the Market Court of Co
9 BIRTHPLACE (State or country)	Gontributory Secondary (Duration) yrs mos 4 ds.
OF FATHER CASA CONTROL OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 3 States of country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, thous, ds. State yrs, thous, ds Where was disease contracted,
(informant) The above is true to the Best of My knowledge	If not at place of death? Former or usual rasidence Listing Local Control Co
16 March 14 B. R. Shipley	Man Juppes Constant Man 1914, 1914 20 UNDERTAKER ADDRESS
A PROSTRAR	1 / Illa sol our // x/ Pt) as

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

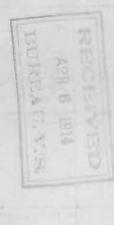
[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) brospinal meningitis"); Diphtheria (avold use of Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pucumonia; Bronchopueumonia unqualified. is indefinite): Tubercuferer. (never report "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitie," etc. childblrth or miscarriage as "Puerperal septichae "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

STATE OF MARYLAND CERTIFICATE OF DEATH

County Howard	CERTIFICATE OF DEATH Registration Dist, No. 193
	St.; Ward) [If death occurred a hospitat or institution give its NAME losted of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, White Single, Married, Wisowed, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	Anar 70, 1914, to mar 20. 1914
If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) Geoeral nature of industry, business, or establishmenf lo which employed (or employer) PRIRTHPLACE (State or country) Manyland	(Duration) yrs. mos. 1/2. ds Gontributory Augustusta. (Duration) yrs. mos. Q., ds
10 NAME OF Edward B. Cromwell 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) , M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENT
12 MAIDEN NAME Dowthy J. Lhuinau 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds.
Informant) Aus Derotty J. Gromest	Where was disease confracted, If oot at place of death? Former or usual residence.
(Address) Mordine, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PAlox May Mod Mark 22, 1914. 20 UNDERTAKER ADDRESS
Filed Man 21: 1914 BEGISTRAR	B.W. Bourness marching

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[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal schiichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -h.art failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. mant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For vio-

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APR 4 1914
BURRAU, V.S.

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CAUSE OF Important.

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13 BIRTHPLACE OF MOTHER (State or country)

(Address)...

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PHYSICIANS

RECORD

OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Howard Registration Dist. No. [If death occurred in .Ward) a hospital or institution, give its NAME instead of street and number.] ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX widowed, Co. ORDIVORCED (Write the word) That I attended decemsed from 6 DATE OF BIRTH 30 (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 3.20P. m. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In (Duration) ---- yrs. --which employed (or employer) Contributory. (Secondary) (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER

OR RECENT RESIDENTS	JR MC	SPITALS, INS	TITUTIONS,	TRANSIEN	TS,
At piace		in the			
of death yrs. mos	ds.	State	yrs	mos	ds

If not at place of death?

usuai residence

19 PLACE OF BURIAL	PREMOVI	alud	DATE OF BU	RIAL
Poplar Shines	67115	Cheen	Mar 6	101
20 UNDERTAKER	a juico,	27-4	ADDRESS	, 131

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blanks are needed, address State Regia trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Scrvant, Cook, Housemaid, ctc. If the occupation has For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

such, if Impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsie, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreral septichae-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Cotlapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important er" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Wcakness," Always qualify all discases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 00

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No. 1. υż

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1 PLACE OF DEATH

2935

Howard!



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty V. A. C.	The state of the s	199.
	7. Sal-7-12. 19.1	Registration Dist	[If death occurred in
Vil	age or City Men 18 Canal (No.	st.; Ward)	a hospital or institution, give its NAME Instead of street and number.]
	2FULL NAME AMAMA AMAMAMA	HENCH CERTIFICATE OF	BPATH
2	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF	DEATH
3 s	Female White Sinate, Widows (Write the word)	(Month) 17 I HEREBY CERTIFY, That I	30 ,1914 (Day (Year)
5 D	ATE OF BIRTH June 24, 1850	that I last saw h. et ally on Morch	1914 130 1914
7 A	(=0,1)	and that death occurred on the date stated	
	0 yrs	The CAUSE OF DEATH* was as follows:	
80	CCUPATION	1	danageogo - pho o o ru t ro o ro o o ao ao ao o o ro o ro
(a	Trade, profession, or woul	Teruciais une	mu
(b)	General nature of industry,		***************************************
bus wh	iness, or establishment in ch employed (or employer)	(Duration)	yrs mos ds
	RTHPLACE (State or country) Carroll Consult	Secondary Loueral &	Molety
	10 NAME OF Joshua Hobba &	(Signed) Know Italia	yrsds
NTS	11 BIRTHPLACE OF FATHER (State or country) Howard Country	*State the DISEASE CAUSING DEATH, OF	In deaths from Violen
PAREN	of MOTHER Mary au Bobbosan	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) Carroll Country	At place in the	yrs, mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Cutture was a soft	usual residence	(8 × × 0 0 0 0)
15	(Address) West Triends with	Williew Cemetry	april 1914
FII	ad Mych31, 1914 Prolyatella	20 UNDERTAKER	ADDRESS
	REGISTRAR	Willenger & Don 1	We wold Citis

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopmeumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, perilonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephrilis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonilis," etc. childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the mus," "OH Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affectiou need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases, resulting from (Recommendations on statement of State cause for Never report

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APR 6 1914 BUREAU, V.S. state Very

AGE should be stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCCUPATION is

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WRITE PLAINLY, WITH

-Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

N. B.

2936

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist.	No.	0
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 St .:	Wa	rd)
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Holor or race 5 single, Married Widowed, Orbitate (Write the word)	16 DATE OF DEATH March 19 (Year)
O DATE OF BIRTH Sept (Month) (Day (Year)	that I last saw him alive on March 19, 1914
7 AGE 6 11 LESS that 1 day,	and that death occurred on the date stated above at
(a) Trade, profession, or particular kind of work (b) General nature of Industry,	Tolowing upon Ortonic
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Oxhauston Secondary
10 NAME OF FATHER John J. Forsyth	(Signed) Sauce (Signed) Syrs mos ds. (Signed) Sauce (Signed) Milliand (Address) Sylverille Milliand
OF FATHER (State or country) Amard by Mid. 12 MAIDEN NAME OF MOTHER MARGING & All Colors	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Howard Co. 2006 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
(Solomant) Store of the Best of MY KNOWLEDGE	If not at place of death?————————————————————————————————————
16 Mac Booth a Que 15 1616	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 1914 The Month	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

mia," "PUERPERAL peritonitis," etc. State nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) (Recommendations on statement of cause for

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APR 6 1914
BUREAU, V.S.

PERMANENT PLAINLY, WITH UNFADING INK-THIS

No. 1.

V. S.

PHYSICIANS should state of OCCUPATION is very PHYSICIANS RECORD properly classified. Exact statement stated EXACTLY. should be AGE carefully supplied. See instructions on back of certificate. that It Every Item of Information should be CAUSE OF DEATH in plain terms, s

Important.

8 ż 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
S - 2 - 19/2 (Month) (Day (Year) 1t LESS than	that I last saw h alive on
yrsdsdsdsnrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF PATHER (State or country) 12 MALDEN NAME OF MODIFER 12 MALDEN NAME OF MODIFER	(Duration) yrs. mos. ds. Contributory (Doration) yrs. mos. ds. (Signed) (Notes) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informafi) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL Have of DATE OF BURIAL Con Courses black place have 3, 1914.
Filed	Caston Sons Ellicott City

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify us mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medicai Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of Nevcr report

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S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 1 PLACE OF DEATH 2028

STATE OF MARYLAND

County Hourd	
0. 0.0	Registration Dist. No.
VIIIage or City Rear Ollies (No. (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MAURIED MIDWED MIDWED (Write the word)	16 DATE OF DEATH Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Mopth) (Day (Year)	9 Ach 30, 1914, to March 341914.
7 AGE If LESS tha 1 day, hrs OR mos ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Marielland**	Contributory Page and Line Secondary (Duration) 7 yrs. mos. ds.
10 NAME OF FATHER CEST GERMAN STATES OF FATHER (State or country) Services of FATHER (State or country) Services of MOTHER OF MOTHER (STATES OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Informant) Manual Tumes (Address Collicott Leity 16 17 18	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL St Johns Cemetery of first 1, 191 4 20 MINDERTAKER ADDRESS.
Filed. 191 REGISTRAR If more blanks are needed, address State Res	Caslow Cons Ellicott leif gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, Irrespective of age. CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the missase causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucissis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage as 'Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inaultion," "Marasgenital," "Scnlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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BURLLAU, V. S.

RECORD PERMANENT UNFADING WITH

OCCUPATION proper iddns certificat 00 back CO Instructions pla = DEATH See 10 Item OF mportant. ш Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 1914 WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 6 42 1 day,....hrs. The CAUSE OF DEATH* was as lollows: OR. --- min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Seeondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. __ CS. State . Where was disease contracted. If not at place of death?. Former or osuai residence. OF BURIAL OR REMOVAL (Address). 16

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucies of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

(F)	STATE OF M	/ARS	ZI AND
(00)	CERTIFICATE		
The same of the sa	Registration	Dist.	No

County Howard	CERTIFICATE OF DEATH
County	Registration Dist, No.
Village or City Rehester (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED,	16 DATE OF DEATH March 23 , 1914. (Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
Jan 19, 1836	that I last saw halive on
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 14 A.m.
1 day hre	The CAUSE OF DEATH* was as follows:
6 2 yrs. 2 mos ds. OR min.?	Dea Calas Militais
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Rochester, M. L.	Contributory Secondary (Duration) yrs mos Os.
10 NAME OF FATHER	(Signed) T.C. Storle, M. D.
11 BIRTHPLACE OF FATHER	3-24,1914 (Address) Zelei Cottley
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccineNTAL, SUICINAL, OF HOMICINAL.
(State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Just Hausel	Former or usual residence
(Address) Ilchester Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Schester Colledge Country march 26, 1917
Filed 3 7 6, 191 4 Milles Fregistran	ADDRESS ADDRESS
	etrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mili; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

lcsis pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal ("Pneumonia." brospinal meningitis"); Diphtheria tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, Typhoid meninges, peritonacum, unqualified. is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-(avoid use Carcin-

> LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakucss," gcuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras Bronchopneumonia The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 may be stated under the head of (Recommendations on statement of (secondary), 10 ds. "Exhaustion," Never report probably d8.;

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County County 2941	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Procedutor (No	St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOW D. OP DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	1101 26, 1914, to Once 30, 1914, that I last saw has allve on 2200 29, 1914
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5 a.m., The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Calanhaf Munnonig (Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Howard & Small	Contributory (College Secondary College Secondar
11 BIRTHPLACE OF FATHER (State or Lountry) Hadison (or Ja. 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER D 12 MAIDEN NAME OF MOTHER D	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Madison Cor Pa.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted.
(informant)	If not at place of death? Former or usual residence
Filed Miles 30, 1914 BIT Shepley RECISTRAR	Date of Burial or REMOVAGE DATE OF BURIAL DI Caul ME Cerretery March 3 1, 1914 20 UNDERTAKER ADDRESS Office Attitude
If more blanks are needed, address State Regist	

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Munager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canraturlar heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probability LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (discase causing death), 29 "PUERPERAL septichae-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.



PLACE OF DEATH

2949

county Howard	CERTIFICATE OF DEATH
Village or City Glenwood (No. Washing	Registered No. 193 [If death occurred a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH Sept 30. 1912	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased Iron Anax. 10., 1914, to Man. 13., 1914
(Month) (Day) (Year) 7 AGE It LESS that day,hrs yrs. 5 mos. /8 ds. ORmin.?	and that death occurred on the date stated above, st
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manuland:	Gontributory (Secondary) (Duration) yrs. mos. 3 d (Duration) yrs. mos. d
11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 BIRTHPLACE OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 BIRTHPLACE OF MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 1	(Signed)
(Informant) The Server of My Knowledge (Informant) Server of My Knowledge (Address) Server of My Knowledge (Address) Mod.	Where was disease contracted, It not at place of death? Former or usual residence

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DINEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Browchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencia injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure." "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant ncopiasms) : Measics; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions noswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
61-1100 1 2943	CERTIFICATE OF DEATH
County Howard	
OOU +	Registration Dist. No.
Village or City Of Chester (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
Moary Fran	els Madden of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MOSEL 14
Or WIDOWED, WILdress	(Month) (Day) (Year)
Temale White (Write the word)	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Thet 12 191 to Mar 14 191 (
Dept. 13' 1844	May 1000
(Month) (Day) (Year)	that I last saw h 2 alive on 191 X
T AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
O yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	and the state of t
(a) Trade protession or	Cull College
particular kind of work to mestice with a company of the company o	
business, or establishment in	(Duration) yrs. 7 mos ds.
which employed (or employer)	Contributory Samuel arthur
9BIRTHPLACE (State or country)	(Secondary)
Maryland	(Duration) yrs mos. 2 ds.
10 NAME OF FATHER OF STATES	(Signed) + rank @ Miller . M. D.
O 11 RIBTHPLACE	Mar 6 , 191 & (Address) Ellect Ch Mrs
Z OF FATHER (State or country) Concloud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) Congland Maiden NAME of Mother Olisabeth Halland	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER OLD ALL ALLEGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 RIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
bange on fastes	Former or
(Informant)	usual residence
(Address) (Plchester	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	It margs beinetey How los march 17, 1814
Filed 3 - 19 1914 Milleurho	2 UNBERTELER ADDRESS
REGISTRAR	Caston Jons Collect City
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive (definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purreeral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations may be stated under (name origin; "Can State cause for statement of the head Examples:

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RITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	of information should be carefully supplied. AGE should be stated E. DEATH in plain terms, ao that it may be properly classified. Exact See instructions on back of certificate.
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N. B.—Every Item CAUSE OF important.

V. S. No. 1.

PHYSICIANS ahould atate of OCCUPATION is very

RECORD

County.

2944

1 PLACE OF DEATH

Howard

STATE OF MARYLAND CERTIFICATE OF DEATH

	GOAR .	Registration Dis	Tif doubt assumed to
Vil	2FULL NAME RUGUE PATTE	St.; Ward)	a hospital or lostitution, give IIs NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
38	COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH (Month)	(Day , 191 (Year)
6 D	ATE OF BIRTH Don't Mount, 1832 (Month) (Day (Year)	that I last saw h alive on	attended deceased from
7 A	()	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	150
(b) bus wh	Orade, profession, or ritcular kind of work	Contributory 744 A	A CONTRACTOR OF THE PARTY OF TH
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) (Address) *State the Disease Causing Death, or Causes, state (1) Means of Injury; at Tal, Suicidal, or Homicidal.	, M. D.
Д.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS) At place In the of death yrs mos ds. State Where was disease contracted, If not at place of death?	INSTITUTIONS, TRANSIENTS yrs,
15	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fil	ed 130 8, 1914 110 082 66	20 UNDERTAKER	ADDRESS LUCK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustiou," For VIO-

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	FULL NAME
_	PERSONAL AND STATISTICAL PARTICU
38	whowen, white the control with the control with the control with the control of t
8 D	ATE OF BIRTH
	(Month) (Day
7 A	
	76 yrs Don't Kno
(b) bus wh	n) Frade, protession, or articular kind of work
9 B	(State or country)
	10 NAME OF Beal Carry
ENTS	11 BIRTHPLACE OF FATHER (State or country)
02	12 MAIDEN NAME OF MOTHER.
PA	Don't Know

1 PLACE OF DEATH

9045

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 192

st.;Ward)	[If death occurred a hospital or institution
	give its NAME inste

ot street and number.]

NAME Acilla	Colleg
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, WARMED, WIDOWED, ARDIVORGED	16 DATE OF DEATH March 5 , 191.4 (Year)
(Month) (Day (Year) (Month) (Day (Year) If LESS than 1 day, hrs. OR	that I last saw how allve on Proceed above, at 5 m, The CAUSE OF DEATH* was as follows:
hon	Circle Hemonlage
istry, nt in yer) Dud	Contributory arlisio Slisasia Secondary
Beal Carry	(Signed) Poly (Address) Stands Sand
Dont Know	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLEAVE
untry) Aout Know UE TO THE BEST OF MY KNOWLEDGE	of Recent Residents) At place of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
mas Pul	Former or USUAI residence
Jan4 B. Tr. Shiple	Stathones Bollo Co Smar 8, 1914
If more blanks are needed, address State Regist	Tar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

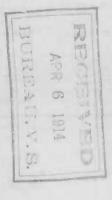
[Approved by U. S. Census and American Public Health Association.]

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("Pueumonia," pneumonla"); Lobar pneumonia; Bronchopneumonia brospinal meningltls"); Diphtheria icsis of lungs, meninges, peritonaeum, etc., term for the same disease. Examples: Cerebrospinal time and cansation), using always the same accepted causing death (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is Typhoid unqualified, is indefinite): Tubercuferer (never report "Epidemic ccre-(avoid use of "Typhoid Carcin-

> oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ralvular hoart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability IENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," "Exhanstion," may be stated under the head of (Recommendations on statement of

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PLACE OF DEATH 2946 County Haward	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ellicit (No. ,)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamale Colored Single, MARRIED, WIDOWED, WILDOWED, WIDOWED, WILDOWED, WILDOWED, WITHER the word)	16 DATE OF DEATH March 20, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day (Year) 7 AGE it LESS than 1 day,hrs. ORmin.?	that I last saw h a alive on Jan 18, 191 4 and that death occurred on the date stated above, at 4 5 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER JOSEPH Painty 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant) Latter Redout (Address) Ellies Relief	it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
Flied 3 77, 1914 (S)	2 ONDERTAKER Sons Ellicott leit
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persous If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant ncoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; may be stated under the head (Recommendations ou statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BUREAU, V.S.

Co	1 PLACE OF DEATH unty want 2947	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Vii	12ge or City Elicott City (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	andle 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mussel 29, 1914 (Month) (Day (Year)
8 D	ate of BIRTH august 13th 1843	17 I HEREBY CERTIFY, That I attended deceased from face 4 1911, to Max 29, 1914, that I last saw h we allve on Max 29, 1914
(a	GE (Month) (Day (Year) If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 2,50 f.m., The CAUSE OF DEATH* was as follows: Cerclical Phenombage
bus	General nature of industry, iness, or establishment in ich empioyed (or employer) RTHPLACE (State or country) The acquainty	Contributory arterio selenoses
PARENTS	10 NAME OF Swim Rosenfeed 11 BIRTHPLACE OF FATHER (State or country) Lemany 12 MAIDEN NAME OF MOTHER Hawole Waldreh	(Signed) Transients, M. D. (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Ι4 Τ	HE ABOVE ATTUE TO THE BEST OF MY KNOWLEDGE (Informant) A MANUAL A CLIFTICAL (INFORMANT) A MANUAL A CLIPTICAL (INFORMANT) A MANUAL A CLIPTIC	At place In the ot death yrs mos ds Where was disease contracted, It not at place of death? Former or usual residence.
16 File	(Address) 239 Culary Have 3 - Vigit Salker Registrar REGISTRAR If more blanks are needed, address State Regist	David Gordheim' 18 - 20 David Gordheim' 18 - 20 Parad Gordheim' 18 - 20 Parad Gordheim' 18 - 20 Address Caston Sons Caston Sons Caston St., Balto., Requesting V. S. No. 1.

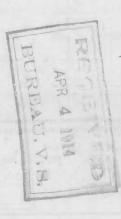
[Approved by U. S. Census and American Public Health Association.]

cated thus: . Farmer (retired 6 yrs.) For persons statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None, been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuc-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report For vio-

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V. B. No. 1.

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PLACE-OF DEATH 2948	STATE OF MARYLAND
County Mound	CERTIFICATE OF DEATH
Soundy	Registration Dist. No. 193
Village or City Near Mt Lucy (No	St.; Ward) [If death occurred in a hospital or lostitution,
Phone to P.	give its NAME lostead of street and nomber.
*FULL NAME OFFER OUT	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
That White Switch Widows (Write the word)	16 DATE OF DEATH MAY 29, 1914 (Month) (Day) (Year)
	17 3/00 HEREBY CERTIFY, That I sttended deceased from
S DATE OF BIRTH Mar. 1 1827	1914, to 727, 1914,
(Month) (Day) (Year)	that I last saw he alive on 3/26, 1914
7 AGE If LESS than	and that death occurred on the date stated above, st. 7 Pm.
87 yrsmos. 27 ds. 1 day,hrs. ormio. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION /	amile of better
(a) Trade, profession, of particular kind of work of work	7,000
(b) General nature of Industry,	
business, or establishment to which employed (or employer)	(Ooration) yrs. mos. ds.
9 RIPTHPLACE	(Secondary)
110 mary cana	(Ooration)yrsmosds.
FATHER Jong Schildt knecht	(Signed) (Signed), M. O.
O II PIRTURIACE	,101 (Address) Mt alexy Mk.
W (State or country) / Car caud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Elizabeth Rongahn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) May Cand	OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Informant, Mrs Didney J. Deris	If not at place of death?————————————————————————————————————
(Address) mr and	19 PLACE OF BURIAL OR REMOVATURE DATE OF BURIAL
(AUJIESS)	Middletown Fred Co Mar. 29, 1914
Filed Mar. 28, 1914 A. W. Lace	20 UNDERTAKER ADDRESS
RECISTRAR	B WHomman het arry Ma
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-

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S. No. 1.

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1 PLACE OF DEATH

2949 STATE OF MARYLAND

Gounty Hon-and	CERTIFICATE OF DEATH Registration Dist. No. 190
Village or City Elk Ridge (No, -	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieo, married Male boloned (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	that I last saw h was alive on March 19, 1914
7 AGE It LESS than t day,	snd that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows: Applications.
OCCUPATION (a) Trade, profession, or day Laborer particular kind of work (b) General nature of industry, business, or establishmenf in which employed (or employer) Perthelace (State or country)	(Durafloo) yrs mos ds. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (State the Disease Causing Death, or in deaths from Victoria
OFFATHER (State or country) Md 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) Af place in the of death yrs. mos. ds. State yrs. mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Moses Pucholson	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Elk Ridge 15 Filed March 20, 1914 Mr.R. Earecton REGISTRAR 16 more blanks are needed, address State Regi	19 PLACE OF BURIAL OR REMOVAL Rion Compton, Explored Mark 22, 191 & 20 UNDERTAKER Chas AR. Earlo Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health . Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (seeondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

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APR 8 1914
BUREAU. V.S.

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PLACE OF DEATH 295 County Howard	0 (N) CH	STATE OF MARY CERTIFICATE OF	
2 22. 1.		Registration Dist.	Nof
Village or City Ellias Certy 2FULL NAME Daisy	Washington	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF	DEATH
OR DIVOR	b, single	(Month) HEREBY CERTIFY, That I a	25 ,191 %. (Day (Year)
G DATE OF BIRTH (Month) (I	Ony (Year) that I last saw h	15., 1914, to Ma	25 191 7
Z/ yrsmos	f day,hrs. The CAUSE OF	ccurred on the date stated a DEATH * was as follows:	bove, at 4 P. m,
(a) Trade, profession, or particular kind of work (b) Generat nature of Industry, business, or establishment in which employed (or employer)	Duties	(Duration)	yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) Hayland	Contributory Secondary		yrs
11 BIRTHPLACE OFFATHER (State or country) Day Kn		191 4 (Address) Eller OISEASE CAUSING DEATH, or, 1: (1) MEANS OF INJURY; and or HOMICIDAL.	n deaths from Violent
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Marylan	18 LENGTH OF I OR RECENT RE At place	RESIDENCE (FOR HOSPITALS, IN SIGENTS)	the state of the s
(Interment) Line William	Former or usual residence	contracted,	
16 Flied 3 7/1914 Abdition	PREGISTRAR COASH	illes Balto les I	marchal, 1814 ADDRESS Allies & leile
I more blanks are needed,	, address State Registrar, 6 E. Franklin	St., Balto., Requesting V. S. N	No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. the nature of the business or Industry, and therefore an cssary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, Is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-

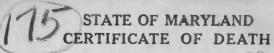
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURLAU.V.S.

V. S. No. 1.

N.B.

PLACE OF DEATH	2951
Homand	



County Toward	CERTIFICATE OF DEATH
y 1	Registration Dist. No.
Village or GHy (Can Sytesville (No. 2FULL NAME Lames F.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Fruit Single, Married. (Write the word)	16 DATE OF DEATH MAL (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
, , ,	852 March 17
7 AGE If LE	SS than and that death occurred on the date stated above, at 10 145 0, m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	ed by a rum away farm leane - (Ourston) yes mos de
**BIRTHPLACE (State or country) Clarksville Howard los	Med Contributory Failure of Heart due to Shock
10 NAME OF William Minchester Milling	(Signed) Daniel B. Jonechie M. D. Mar 17, 1914 (Address) Lykewille Ind
11 BIRTHPLACE OF FATHER (State or country) Clarksrulle, Horrand for University of Mary Coraw ford 12 MAIDEN NAME OF MOTHER Mary Coraw ford 13 BIRTHPLACE	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER AAA	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Dykerolle Ind 15 Filed McC 17 1974 20 Whites	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL O
Filed MUC 7 1917 W WILLIAM	

REGISTRAR

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duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement: essary to know (a) the kind of work and also (b)cases, especially in industrial cuployments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. the nature of the business or industry, and therefore an first live will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa Spinner, many occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foremau," (0)

lesis of lunys, meninyes, peritonaeum, brospinal meniugitis"); Diphtheria (avoid use of causing death (the primary affection with respect to pneumonia"); "Croup";) term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercufever (never report "Typhoid ctc., Carcin-

MAY 8 1914

13 L 12 land, Sarcoma, etc., of...... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head State cause for Never report For vio-

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	1 PLACE OF DEATH 2933 unty Howard lage or City Elk Ridge (No., -	St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51		16 DATE OF DEATH (Month) (Day (Year)
7 A 6	yrs mos ds or min.?	that I last saw here slive on march 3, 1914, to march 3, 1914, that I death occurred on the date stated above, at 3 Pm. The CAUSE OF DEATH* was as follows: Precumonia
(b) bus whi	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER James Williams 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Journson Jonque, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 _T	OF MOTHER Martha Fields 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robert Fields Gran Father	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the of death yrs. mos, ds. State yrs, mos, ds. Where was disease contracted, if not at piace of death? Former or usual residence.
15	(Address) Elk Ridge	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Providence a. M.E. Church Mar 6, 1914-20 UNDERTAKER ADDRESS

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Troup";) Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of The nature of the

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APR 8 1914
BUREAG V.S.

W. B. No. 1.

	PLACE OF DEATH 2952	STATE OF MARYLAND CERTIFICATE OF DEATH
G	ounty Howard	Registered No. 102/92
٧	niar P Mi	St; Ward) [If death occurred in a hospital or justifution give its NAME instead
		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
SE	make 4 color or race 5 single, married wisowed, or divorces (Write the word)	(Month) (Day) (Year)
D.	Man. 17. 1830	man. 2., 1914, to man. 15., 1914,
	(Month) (Day) (Year)	that I last saw home alive on man. 15. 1914.
7 AC	83 yrs. // mus. 26 ds. 11 LESS thau 1 day,hrs. 02min.?	and that death occurred on the date stated above, at 8. P. m. The CAUSE OF DEATH* was as follows: Berutral Paralysis
(a) par (b) busi white	CCUPATION Trade, prufessiun, or riticular kind of wurk General nature of industry, iness, or establishment in che employed (or employer) RTHPLACE tate or country)	(Ouration) yrs mus 2 cs. Contributory Chronic Naphulei
101	10 NAME OF FATHER TAN CALLANT	(Ouration) accounts grains ds.
TS	11 BIRTHPLACE	(Signed) W. Facy . M. D. Mar. 15, 1974 (Address) Liston . Mag
ARENT	(State or country) 12 MAIDEN NAME OF MOTHER Sarah Elder	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
	Informant . Man John J. Wilson	Where was disease cuntracted, If not at place of death? Furmer or
	(Address) West Friendship, and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 File	March J. 1914 John W. Jehr.	Mount View. Mod. 9mar. 18th, 1914. 20 UNDERTAKER Hillinger & Son. Sollicott Bity
		r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Ond.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite sainty), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci statement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "l'UEEPPERAL péritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide: Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJUBY and qualify as is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Convulsions," "Debility" ("Con-(name origin; "Can-"Exhaustion," Never report Examples: For vio-

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APR 6 1914
BURBAU, V.S.